

ATTACHMENT 1

COMPLAINT FORM

(for filers who are prisoners without lawyers)

IN THE UNITED STATES DISTRICT COURT⁶
FOR THE EASTERN DISTRICT OF WISCONSIN

(Full name of plaintiff(s))

JAMES A. LOUE

vs

Case Number:

(Full name of defendant(s))

(to be supplied by clerk of court)

ARMOR HEALTH CARE SERVICES

G-4-S TRANSPORTATION SERVICES

MMHI HOSPITALS

MILWAUKEE, COUNTY, CORRECTIONAL JAIL/FACILITY

A. PARTIES

1. Plaintiff is a citizen of WISCONSIN⁰ and is located at
(State)

DODGE CORRECTIONAL IN PO BOX 700
(Address of prison or jail)

Wauwatosa 53963-0700

(If more than one plaintiff is filing, use another piece of paper).

2. Defendant Armor Healthcare Services, MMHI Hospitals
G-4-S transportation services, Milwaukee County Correctional
Jail (Name)
is (if a person or private corporation) a citizen of WISCONSIN

(State, if known)

and (if a person) resides at not known

(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for Armor Healthcare Services, MMHI Hospitals

G-4-S transportation services (Employer's name and address, if known)
Milwaukee County Correctional Jail facility IL

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

I arrived at Milwaukee County Jail May 4th, 2018 and these events happened between May 9th, 2018 thru October 11th, 2018. The people who violated my rights are part of Armor Healthcare services, MMHI Hospitals, G-4-S Transportation services and the Milwaukee County Jail staff. This is the best I can do in my current condition to explain these events. In the Milwaukee County Jail I was frightened by a C.O. which caused me to hit my head on the cell wall.

to go to the Hospital." My back and neck were in extreme pain. Instead of going to the Hospital we drove 1 hour and 45 minutes back to the jail where the Medical Staff treated me for more head trauma and said I could have whiplash from the incident.

I'm not sure of the exact time of this next info, but this incident was now being investigated by the Jail and the Armor Medical Staff was fired.

I requested that my medical records be sent to my lawyer and only some of it gets to her, so in court it looks like I'm not telling the truth. I can barely stand up in the courtroom and I'm confused all the time that even my lawyer doesn't know how to represent me and M-C-J-f gave all my property away without a promise.

Premision
J.L

I tried to contact a few investigators for help, but I was moved to Dodge Correctional Institution from the Milwaukee Jail. After the Medical Staff was fired, I really think the Jail is trying to cover this up. I'm on a Special Needs Unit here at D.C.I. feeling like my life is over and I will need to deal with these symptoms the rest of my life.

Here are the names of the C.O's, Captains and Lieutenants that signed my grievances in the jail:
Mrs. Ward, Mrs. Young, Mrs. Weathers, Mr. Walker, Mr. Hunter, Mr. Johnson, Mr. Fernandez, Mr. Rodriguez, Mr. Gonzalez, Mrs. Reed, Mrs. Gibson, Mr. Perez, Mr. Cornaff, Mr. Marshall, Mr. Canon, Lt. Fairacon and Mr. Trelow. My Attorney Victoria Mc Candles:

J.L

Swelling occurred and I started being treated for a T.B.I and a concussion due to memory loss, nausea, dazed constantly, blurry vision, vomiting and speech problems. The staff told me I would be sent to the Hospital for a C.T Scan. I was moved to a Special Needs Unit and received more head trauma from another inmate intentionally throwing a basketball at my head. The Medical Staff put me on a 24hr monitor after this, but no trip to the Hospital yet. The next day I'm put on higher medication for my symptoms and the same inmate hits me in the head again. The staff failed to move him. I was put on more meds because of this trauma as well. At this time I'm only able to eat cold food, as warm food makes me vomit due to my head traumas. On the way to MMHI Hospital, the transportation vehicle (G-4-S) comes to an abrupt stop causing everyone to be thrown to the front of the van (I'm supposed to be wearing a helmet being transferred anywhere). The driver pulls over to see how everyone is doing and I tell him "I need

(continued on
another sheet
of paper)

C. JURISDICTION

☐ I am suing for a violation of federal law under 28 U.S.C. § 1331.
OR

☒ I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is
\$8 000.000.00

D. RELIEF WANTED

Describe what you want the court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or stop doing something.

I would like to receive \$8.000.000.00
and my freedom back, and a
open Apology to me and the courts
for hurting me and trying
to hide it and made it
look like I am a Lier. and tell
them to have better care
and stop taking Advantage of
people that can't defend them
self's. Like me, and ~~continue~~ I.L
continue my SSI and disability
because my life and property was all left.

E. JURY DEMAND

☒ Jury Demand - I want a jury to hear my case
OR

☐ Court Trial - I want a judge to hear my case

Dated this 8 day of 16 2019.

Respectfully Submitted,

James A Love
Signature of Plaintiff

177408
Plaintiff's Prisoner ID Number

Dodge Correctional Inst, PO Box 700
Wayton 53963 - 0700
(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper).

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FILING FEE

☒ I DO request that I be allowed to file this complaint without paying the filing fee. I have completed a request to proceed in the district court without prepaying the fee and attached it to the complaint.

☐ I DO NOT request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.